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0010/PTO  
Rev 6/95

U.S. Department of Commerce  
Patent and Trademark Office

## DECLARATION



Declaration  
Submitted  
with Initial Filing

OR



Declaration  
Submitted after  
Initial Filing

Attorney Docket Number

1293

First Named Inventor

Van Jacobson

COMPLETE IF KNOWN

Application Number

Filing Date

1/7/2002

Group Art Unit

Examiner Name

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM AND METHOD FOR ESTABLISHING A SECURE CONNECTION

the specification of which

(Title of the invention)



is attached hereto

OR



was filed on MM/DD/YYYY

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application for which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto
60/261,599	1/12/2001 12/3/2001	

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I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code § 112. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Firm Name Innovation Partners Payor Number  (if applicable)

Name	Registration Number	Name	Registration Number
Charles E. Gottlieb	38,164		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

☒ Please direct all correspondence to: Name Charles E. Gottlieb

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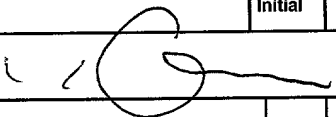
Country US Telephone 650-328-0100 650-328-2844

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name Van Middle Initial  Family Name Jacobson Suffix

Inventor's Signature  Date Jan 3, 2002

RESIDENCE: City Woodside State CA Country US Citizenship US

POST OFFICE ADDRESS 12 Skyline Drive

City Woodside State CA Zip 94062 Country US Applicant Authority

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

# DECLARATION

## ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, If any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Kedar	Middle Initial		Family Name	Poduri	Suffix			
Inventor's Signature	<i>Kedarnath</i>				Date	Jan 03 2002			
RESIDENCE: City		Santa Clara	State	CA	Country	US	Citizenship	Indian	
POST OFFICE ADDRESS 444 Saratoga Ave. #18E									
City	Santa Clara	State	CA	Zip	95050	Country	US	Applicant Authority	
Name of Additional Joint Inventor, If any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name		Middle Initial		Family Name		Suffix			
Inventor's Signature					Date				
RESIDENCE: City			State		Country		Citizenship		
POST OFFICE ADDRESS									
City		State		Zip		Country		Applicant Authority	
Name of Additional Joint Inventor, If any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name		Middle Initial		Family Name		Suffix			
Inventor's Signature					Date				
RESIDENCE: City			State		Country		Citizenship		
POST OFFICE ADDRESS									
City		State		Zip		Country		Applicant Authority	
Name of Additional Joint Inventor, If any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name		Middle Initial		Family Name		Suffix			
Inventor's Signature					Date				
RESIDENCE: City			State		Country		Citizenship		
POST OFFICE ADDRESS									
City		State		Zip		Country		Applicant Authority	
Name of Additional Joint Inventor, If any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name		Middle Initial		Family Name		Suffix			
Inventor's Signature					Date				
RESIDENCE: City			State		Country		Citizenship		
POST OFFICE ADDRESS									
City		State		Zip		Country		Applicant Authority	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto									